The Hampden Hippocrat

SEPTEMBER
1974

(Center): AMA President MALCOLM C. TODD with two interested friends (left) Mr. Paul Greeley and HDMS President John C. Ayres (right)

Photo courtesy The Springfield Union

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THE HAMPDEN HIPPOCRAT

VOL. XXX, NO. 7 SEPTEMBER 1974

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The official bulletin for The Hampden District of The Massachusetts Medical Society. Founded in 1942 by Edward P. Bagg, Jr., M.D. and William A. R. Chapin, M.D.

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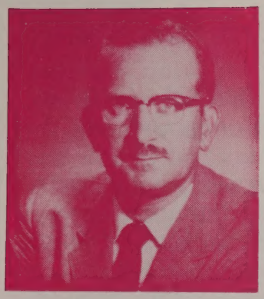

Your President's Page

IT'S BACK TO WORK!

I hope everyone has had a pleasant and gratifying summer and enjoyed the good outdoor life to the fullest. Here in New England we were most fortunate to be blessed with warm, comfortable days and cool, sleep-inducing nights. I hope that most of us have had our batteries recharged and with the advent of Fall are raring to go in the pursuit of our medical practices and medical society activities.

It has been brought to my attention that there is a feeling abroad that your Society is not engaged in enough worthwhile endeavors to keep up the interest of its members. District meetings have been criticized as a platform for back-slapping and self-adulation. Members want more involvement in the business of the Society, at both local and state levels. I am definitely going to see that it is forthcoming to the best of my abilities.

It is hoped that the Hippocrat is carefully read by every member (well, at least *YOU,* dear reader, are doing your homework!). In the Hippocrat you will find reports of the Executive-Committee proceedings every month, plus other pertinent committee reports and articles of interest to the entire Society. Questions may be raised and I hope that answers will be forthcoming. Other committees vital to the operation of the Society will report e.g. Peer Review, Mediation (previously the Grievance Committee), Legislative, etc. Of course, the more involved you become in Society activities and committee work, the more meaningful will be our deliberations. *I would appreciate a call or note* from members expressing interest in working on committees, or criticism or recommendations relative to the Society. If you are dissatisfied, let me know what you think can be done to improve our position. Your Society must know what you are thinking and why. Won't you give this some further thought?

Beginning with the September meeting, I'm planning to call on the Executive Committee to report comprehensively on all its activities and transactions.

The purpose of this innovation is to make our meetings more meaningful, more provocative and stimulating. The complaint has been stated that the meetings are not interesting enough; that we spend more time on conviviality and good fellowship than we do on our professional affairs and problems. The simplest remedy, it seems to me, is to devote more time to a consideration of Executive Committee activities and recommendations.

(next page)

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Moreover, we must realize that our bylaws demand that all action taken by the Executive Committee is " . . . subject to review, approval or disapproval by the Society." (Chapter VII) Publishing the transactions of the Executive Committee in the Hippocrat, as we now do, is desirable, of course, but this isn't enough. Failure to report these transactions also at our District Meetings deprives the membership of its prerogative to deliberate, to debate, and to approve or to disapprove. Our Executive Committee, to be sure, is endowed with a great deal of power. It is the policy making body of the Society and again to quote our bylaws, it has the " . . . authority to act in the interim between meetings." The last word, however, rests with the membership in attendance at our meetings.

The immediate years ahead will have great impact on the practice of medicine and the delivery of health care. A National Health Plan is closer at hand than ever. P.S.R.O. is here and operating! The Foundation (Health Care Foundation of Western Massachusetts, Inc.) is a very viable organization and is beginning to have an important impact. A contract with Blue Cross and Blue Shield has been signed and is in operation. HMO's are springing up here and there with federal government subsidies and sponsorship. The Governor is attempting to bring health care facilities under one central control. We must stay vigilant and informed and this is what the Medical Society is all about—working together for the delivery of the best medical care possible—without governmental and bureaucratic intervention and edict!

Bernard Bloom M.D.
President H.D.M.S.

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Highlights of House of Delegates Actions

American Medical Association
Chicago, Illinois

123rd Annual Convention
June 23-27, 1974

A change in the method of electing AMA Trustees, a definitive policy statement on PSRO's, the need for additional safeguards to preserve the confidentiality of medical records, and new recommendations which affect the relationship between hospitals and hospital medical staffs were among the important items approved by Delegates at the 123rd Annual Convention in Chicago.

Meeting for a total of 19 hours and 38 minutes, the House acted on 66 reports and 137 resolutions for a total of 203 items of business.

The House approved bylaws changes which replace the "slot method" of electing trustees by the "simultaneous election of candidates to several positions of equal rank," in which all candidates run for board vacancies on a single ballot.

Under the new method, trustees for full, three-year terms are elected first, followed by the selection of trustees to fill unexpired terms. Election of the AMA president-elect, vice-president, and speaker and vice-speaker of the House remains on a separate basis.

Delegates selected Max Parrott, of Portland, Ore., as president-elect.

Inaugural Address: Malcolm C. Todd, President of AMA

In his inaugural address on Wednesday, June 26, Dr. Malcolm C. Todd, the new AMA president, urged the AMA to sponsor the development of a "national policy on health" to place needs and goals in focus.

He said "a tremendous amount of confusion" exists on the health-care scene and is reflected in plans being advanced in Washington and elsewhere.

"It is high time to put the Health Care State of the Union into its true perspective, before lack of perspective leads to waste of effort, waste of money, waste of hope," he said.

Dr. Todd asked the delegates to consider sponsoring a National Academy of Health to formulate his proposed national policy. The academy, he said, would give both private and public sectors of health care "an open forum and framework in which to exchange views, pinpoint health care needs, evaluate total health care resources, and arrive at some common sense of purpose, with sound programs, goals and priorities."

Dr. Todd noted a national policy on health also is called for in Congressional bills that would make health services a public utility. Under one such proposal, a five-man federal commission would make policy recommendations.

Such a policy would be "destructive," he said, unless the private sector of care seizes the initiative in formulating it.

His speech—which followed his installation as the 129th president of the AMA—also urged the association to:

(next page)

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• Organize the development of guidelines to protect the privacy of patient information accumulated in computerized health care centers. No inherent right of the patient "is greater—or presently more imperiled—than what he tells his doctor," Dr. Todd said.

• Assume a "new and strong coordinating role" in medical education, partly so that it will give more attention to human concern for patients. "If the AMA is to be held accountable for what our profession does, then it must insist upon more responsibility for the manner in which our profession is trained."

• Establish a "university without walls," to confer an advanced academic degree, stimulating more physicians to enroll in continuing education.

• Develop nationwide proposals for arbitration and no-fault procedures in malpractice cases, to curb the serious impact of these cases on health care costs.

Emphasizing that organized medicine "must also be organized concern," Dr. Todd said: "The people of America are looking at us, and I want them to see an AMA that is committed to serving all of them."

Malcolm C. Todd, M.D.

Address of the then Vice President of the United States:

Addressing the House on Tuesday, June 25, Vice President Gerald Ford advocated some form of national health insurance, but warned that in the process of its development, there should be no further erosion of patient confidentiality.

Though it had been rumored that Ford would address the PSRO issue, his only passing reference was:

"I've been getting a lot of free advice lately on how to run my business. I have not necessarily followed this advice. So, I won't give you any free advice on how to run your business. In my view on PSRO, (p)oliticians (s)hould (r)emain (o)ut of it."

Returning to his text, the vice president asserted that with the vast resources of the nation, there is "no excuse for a single American to be deprived of the finest treatment available."

Ford said a national health insurance program is necessary because of the prohibitive costs of catastrophic illnesses and the need to more effectively use and distribute medical resources. While declaring the physician should work for his patients and "not for the bureaucrats in Washington," he added that the "government must do for the individual citizen what he cannot do for himself."

(cont.)

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Among the NHI proposals mentioned by the vice president were the Administration's own plan, the Kennedy-Mills measure, and the AMA's Medicredit concept, for which he offered congratulations to the AMA "for its constructive attitude." He added that in the NHI discussion, "the AMA is not the problem but a part of a solution to the problem."

Ford said even with the diversity of NHI proposals in Congress, there is "a willingness to compromise," and added that he personally favors a "free enterprise approach involving private and voluntary philosophies."

The vice president asked that physicians be willing to participate in affecting some sort of NHI compromise during the present Congress, "instead of an abdication to those who would impose a dogmatic formula through a 'veto-proof' Congress they hope to elect come Nov. 5, 1974."

Turning to confidentiality, Ford said that while ways must be found to minimize federal involvement in health care delivery while achieving an effective private/public health care partnership, it is essential that we avoid bureaucratic intervention between the doctor and his patient—intervention that comprises the rights and privacy of both."

Ed. note: Time will tell how predictive this shall be.

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For an organization supposedly opposed to change, the AMA has made a lot of changes.

One of the most significant was the addition of an important new voice in the AMA—that of interns and residents. For the first time, these young physicians have not only a voice but also a vote in helping shape AMA policies.

Recently, the AMA House provided the same opportunities for membership and participation to medical students.

That's not all. In another important change, the AMA's council-committee structure has been streamlined. Some councils and committees have been dropped. Others have been made more efficient by reducing their size to seven members for councils and five for committees. And to permit more frequent infusion of new members and ideas, maximum tenure of service has been reduced to seven and five years, respectively.

The AMA *has* made a lot of changes. Changes to make it more responsive to the ideas of *all* physicians . . . changes to make it more effectively serve the needs of the profession.

Change will continue. But it will be decided only by those of you interested and dedicated enough to be a force in that change.

Join us.
We can do much more together.

American Medical Association
535 N. Dearborn St./Chicago, Ill. 60610

NEXT MEETING
of the
HAMPDEN DISTRICT MEDICAL SOCIETY
Tuesday, September 24, 1974

Business Meeting at 6:00 P.M.

Social Hour at 7.00 P.M.

Dinner—7.30 P.M.—Courtesy of the HDMS

at the COLOSSEUM BANQUET HOUSE
943 Memorial Avenue
West Springfield

SPEAKER: Malcolm C. Todd, M.D., F.A.C.S.
President, American Medical Association

YOUR PRESENCE IS URGENTLY REQUESTED

Carl W. Janovsky, M.D. Secretary

*If you must cancel your dinner reservations, please call the office before noon on Sept. 24, 1974.

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(AND A GOOD CAUSE) —Editor—

THE PAGE OF THE HDMS'S WOMEN'S AUXILIARY

News Item:

State Representative Iris Holland will be the guest speaker at the Auxiliary's Fall Luncheon, which will be held at the First Church of Christ of Longmeadow on Tuesday, October 1, 1974. The business meeting will start promptly at 10 a.m., coffee will be available from 9:30 to 10:00 a.m. and free baby sitting will be provided. Mrs. Lillian McCarthy will render piano selections during the social hour and luncheon.

Mrs. Holland will discuss the several referendum questions which will appear on the November ballot and she will explain the difference between binding and non-binding referendum. Of particular interest to the auxiliary, is the Governor's proposal for reorganization of the commonwealth's health agencies. An issue twice turned down by the legislators of the General Court during this session.

All new members of the H.D.M.S. Auxiliary are invited to the luncheon. Those members who would like transportation should contact Mrs. Walton Stevens at 567-0454. The morning's activities are priced at $3.00.

Those readers who are interested in joining the Auxiliary or learning more about its activities and functions should contact Mrs. Ellsworth A. Twible, its president or Mrs. Walton E. Stevens, the president-elect.

The Women's Auxiliary to the Hampden District Medical Society wishes to thank Dr. Roger Parenteau for donating one bottle of Lafitte-Rothchild —1964— Value $100.00 to be raffled at the White Cap Ball, November 2, 1974.

Mrs. John Medrek

Award Scholarships

Nineteen students in the greater Springfield area who are pursuing nursing careers or other allied medical careers or other allied medical careers were recipients of scholarships given by Hampden District Medical Wives. A total of $2900.00 was given in awards for the 1974-1975 academic year. The individual awards ranged from $50.00 to $300.00.

The recipients receiving scholarships were: Arminda Silva, Deborah Lavariere, Jenny Sun, Debra Vigneault, Patricia Cook, Clark Fenn, Elizabeth Hadley, David White, Susan McGrady, James A. Vaillancourt, Ann Marie St. Jock, and Frank Arthur Ruckus.

There was also the renewal of scholarship aid given to: Diane Remy, Jacqueline Abraham, Marie Mucha, Camille Madden, Karen Walczak, Edward Zych, and Donna DiStefano.

The many schools represented by students were: Holyoke Hospital School of Nursing, Springfield Hospital School of Nursing, Springfield Technical Community College, Holyoke Community College, University of Massachusetts, Hampden College of Pharmacy, and Our Lady of the Elms College.

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Synopsis

of the Meeting of the Editorial Board of the Hampden Hippocrat

The Editor-in-Chief called the dinner meeting to order at 6:30 pm on May 20, 1974 in the Heidleburg room of the Student Prince/Fort Restaurant. No correspondence had accumulated. Mrs. Willard presented the financial report. Even with rises costs and 36 page issues some money was added to our bank account. There was no old business.

As new business: the format of the masthead and ready made pages was discussed. Changes were agreed to and will be made in the forthcoming issues. Again the editorial board agreed to maintain the basic 32 pages in size and makeup with larger issues of 4 or 8 pages to be decided by the editor-in-chief. A new contract with *Valley Printing* will be negotiated in the near future. Again the need for new sources of revenue was stressed. The board and membership should send the name of any prospective advertisor to Mrs. Willard.

To prevent the bulletin from becoming a one man show, the associates will continue to contribute feature articles and are to seek material and articles from non-Hippocrat staff.

Membership to the editorial board was reviewed; Dr. Helen Harmand resigned effective mid-August. Letters are to go to the presidents of the three other western Massachusetts county societies, in which they will be asked if they and their districts would like to participate in or utilize the Hampden Hippocrat.

The H.D.M.S. Women's Auxiliary would like to contribute a monthly article and news items. The board accepted this offer with full approval.

The next meeting will be held on September 30, 1974. The meeting was adjourned at 9:10 pm.

Respectfully submitted;
Walton E. Stevens, M.D
Editor-in-Chief

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MYLANTA
FRANK BOBBIN

ARTICLE:

Part Two
(CONCLUSION)

Today's Teenager

JOHN J. ZADWORNY

Physically, she is as large as the adult. Physically, she is capable of child bearing. Yet there is a growing time lag between the onset of physical maturity and the attainment of the level of social, educational and financial responsibility essential for entering into the adult world. To further frustrate them society extols the glories of sex in movies, television, magazines and yet cautions them to remain chaste. Because of this, the teenager feels a gnawing need for sexual expression. She needs to be close. She needs to be accepted as she is. She must effect a compromise between what she wants to do and what she has been told not to do. Therefore, she experiments. She tries. She fails. She adjusts. Her behavior is unpredictable but she tries to achieve a balance between impulse and control. She must learn to assume responsibility over the expression of sexual impulses. Failure to do so results in overt sexual and aggressive behavior. But adequate control over behavior can be achieved either with a minimum of emotional disturbance or at the expense of a severe personality disturbance seen in the teen years. Successful passage through the multiple personality adjustments demanded in the adolescent years depends largely upon the successful completion of the passage of childhood. During the preteen years girls feel quite inadequate by comparison to their mothers, but as teenagers they once again seek acceptance by comparison. Some do this through scholastic efforts, some through physical prowess and some through acceptance as a member of a peer group. Lack of acceptance by peers leads to chronic anxiety through inadequacy. Preoccupation with identity inadequacy can lead to attempts to prove adequacy and gain acceptance. Thus, some teenagers turn to sex. At this age sexual experiences are usually less than satisfactory and result in an intensification of feelings of inadequacy and worthlessness which blocks successful psychological growth and development. Fortunately, the majority of adolescents take frustration in stride. They identify with adults of the same sex who have become successful and await the time of their maturity through tentative, appropriate sexual exploration such as dating, dancing, etc. They may share curiosity about sexual matters with their peers and, in some, energy of the conflict of sexual expression versus nonexpression becomes transferred to the conflict of dependence versus independence. Successful resolution of the problems of adolescence in the teen years depends largely upon early life experiences of the child. If she was loved and accepted by her parents, and if she was taught to respect the feelings and thoughts of others, she is well on her way towards resolving the conflicts of the teen years. Unfortunately, the opposite also holds true.

(cont.)

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Girls have a more profound landmark than boys regarding sexual transformation because of the onset of menstruation. Those who are intellectually and psychologically prepared can accept and even welcome this evidence of femininity. Those who are fearful of fully accepting what it means to be a woman will exhibit varying degrees of denial during the adolescent years and may become depressed. They may deny femininity by developing exclusive athletic interests or by adopting masculine dress and mannerisms. They may develop close relationships with other girls and avoid contact with boys. Or, as a means to avoid dating, they may date boys whom the girls' parents reject.

As physicians and as parents we must realize that the teenager as she passes through this period of physical growth, emotional maturation, intellectual advancement and growing social awareness needs help. We must be aware of the fact that the teenager does experience an awakening of sexual impulses and that she feels the need to control her impulses and to develop extensive social and personal responsibility. We must help her effect a workable compromise between the internal and external forces which tend to mold her development. When she looks to her peers, to her parents, to her religion and to her education for assistance in setting goals and standards of behavior we must be ready to help, and if we are willing to help we must be aware that the quantity and quality of family life education available to our teenager is far from ideal. We must be aware that by and large parent-child communication in the teenage years breaks down. Children don't want to listen to parents. Parents don't know how to talk to children. In times of crisis too many parents resort to threats and cliches that serve to widen the gap between the generations. Objectivity is easily lost. The teenage girl especially finds it difficult to communicate with her mother because she must disparage her mother in order to assume an identity of her own. The teenage girl has another problem. The teenage boy with identity and depending conflicts can choose from a wide spectrum of acting out to express his fears, rage and feelings of inadequacy. But the teenage girl is restricted in her acting out to vagrancy, to provocative impudent behavior in public to frank sexual waywardness. She uses her sexual experimentation to prove adequacy, to gain acceptance, to express rage, to dispel fear, to find love and to show disregard for parental and social standards as well as to find a possible way to escape from an unhappy home situation.

(next page)

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The task then of the teenager and the parent is to integrate growth in physical, emotional, intellectual and social areas; to form and to master a new identity and to begin to lay the ground work for a long-standing mutual interpersonal relationship; to develop patterns of work and behavior that are consistent with a successful occupation or career as an adult. This must be carried on within the setting of the family and the community. If the teenager faces strife in the family or faces strife in socioeconomic areas there is less likelihood that she will be able to devote sufficient attention to her own developmental years. Her teen years are filled with excitement, with frustration, with despair and doubt. In the face of conflict she can run, she can play possum or pretend to know all the answers. She is subject to criticism from adults who secretly envy her freedom and who fear that she will be able to do what they were not allowed to do. At times the teenager lives up to the fears and negative expectations of parents and critics, but so many succeed in mastery of the tasks of the teen years and look forward to the challenge of the adult years that the challenge of parenthood is worthwhile.

If we as physicians can sense the need for help and can use our insight and knowledge to help the patient cope properly with her problems if and when they arise, and if we can help prevent her from becoming victimized by the fear that so often accompanies the unexpected, we will do much to end up with a properly oriented patient who has knowledge and insight of the normal psychologic and physiologic changes that occur during the teen years. Our reward will be a happy and healthy teenager who is ready and willing to accept the responsibilities of adulthood and who will leave us with a sense of security as we pass the responsibility of leadership from our hands to theirs.

John J. Zadworny, M.D.

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Hampden District Stated Meetings

September 24, 1974,—The Colosseum Banquet House, West Springfield.
December 10, 1974,—Yankee Pedlar's Opera House, Holyoke.
February 4, 1975,—Storrowtown's Stage Coach Barn, West Springfield.
April 29, 1975,—Chez Josef, Agawam.

Executive Committee Meetings

1974—September 10; October 15; November 19; December 17;
1975—January 21; February 25; March 18; April 15; May 20; June 10.

Massachusetts Medical Society

Boston, May 27, 28, 29, 1975

American Medical Association

Clinical—Portland, Oregon, December 1, 2, 3 & 4, 1974
Annual—Atlantic City, New Jersey, June 22, 23, 24, 25, 26 & 27, 1975
Clinical—Honolulu, Hawaii, November 30, December 1, 2, 3 & 4, 1974

Skills of the 70's at the Springfield Civic Center
October 8, 9 & 10, 1974

TO: District Presidents
District Secretaries
Committee chairmen
FROM: Thomas Gephart, M.D., Executive Vice-President

DEADLINES for reports Executive Board Council

December 13, 1974	January 15, 1975	October 9, 1974
March 21, 1975	April 23, 1975	February 12, 1975
August 8, 1975	September 10, 1975	May 21, 1975
		October 8, 1975

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Letter to the Editor:

To the Editor:

The historian of the future may be interested to note that on May 19, 1974, the Maimonides Medical Club, a Jewish medical organization of the greater Springfield area, observed its fiftieth anniversary.

This commemoration took the form of a dinner-meeting attended by about one hundred thirty physicians and their wives. The program included addresses on: 1) Maimonides, His Life and Time; 2) Jewish Contributions to Medicine from Biblical to Present Time; and 3) The History of Jewish Physicians in Hampden District. Of special interest was the disclosure that it was in 1897 that the first Jewish M.D. settled in this area and that the number of charter members who founded the organization in 1924 was ten. The only surviving charter member is Dr. Samuel Segal, Jr., a Senior Fellow of the Hampden District Medical Society, now residing in Florida.

H. Bernard Tillman, M.D.

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Skills For The 70's

INTRODUCTION

The Second Annual "Skills for the 70's" will be held at the Springfield Civic Center, October 8, 9, and 10. This educational event is sponsored by the Chamber of Commerce of Greater Springfield in cooperation with the public and parochial schools of Springfield.

For three days, students in the junior and senior high schools, counselors, teachers and parents will be afforded an opportunity to talk with qualified personnel and obtain information as to the qualifications required for any one of over 50 careers.

The first "Skills for the 70's" was held at Armory Square in Building 104 in October 1973. During those three days, over 5,000 students in the public and parochial senior high schools visited the exhibits. The success of the first experience was substantiated by the favorable evaluations of educators, students and the exhibitors.

This year we have been fortunate in obtaining the Springfield Civic Center which will provide the exhibitors with a modern exhibition area and the students with a beneficial off-campus experience.

Plans have been made to increase the number of careers to be exhibited this year. With the inclusion of grades 8 and 9 of the junior high schools, student attendance should reach a figure of at least 6,000 to 7,000.

OBJECTIVE

1. Familiarize not only the student but also the counselors, teachers and parents about the present-day career opportunities.
2. Develop a relevant curriculum to assist the students in arriving at the necessary skills.
3. Develop an atmosphere of awareness for adults of the modern-day need for skills.

METHOD

1. Business, industry, educators and religious leaders will exhibit the realistic world of work and higher education for today.
2. Young and experienced personnel will man the booths.
3. Realistic and modern displays will be shown in natural settings where students can observe and even stimulate an actual career.
4. Career income level charts will be developed and shown.
5. Follow-up will consist of forms filled out by the students upon completion of the tour. These will be collected, collated and returned to the counselors and/or exhibitors for a constructive follow-through with the business and industry suggested.

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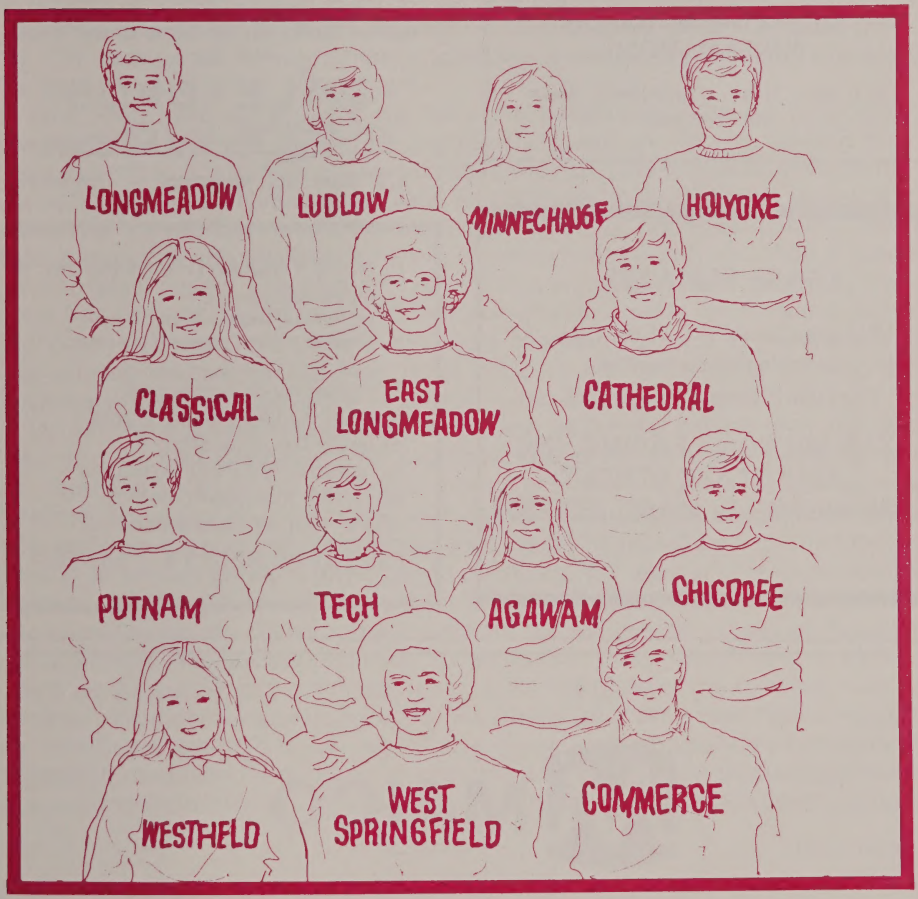
"SKILLS OF THE 70'S"

FOR STUDENTS OF



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9 A.M. - 4 P.M.

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EDITORIAL:

The Summer of '74 and after

(a period of grace)

The LAW has prevailed, our constitutional processes are intact and hopefully all the citizenry and the World has profited thereby; Amen to two hundred years of wisdom and sound judgment. With our new president, we all will be entering a new era wherein hopefully the Congress reassumes many of its abrogated powers. The last quarter of this century should see a new alignment and balance of the three divisions of our government.

This Fall's national elections will keep the politicians unusually busy. Soul searching for and evaluating new campaign issues and in refurbishing their outer images to conform to a new national concept of the idealman in Washington or Boston. The Nation's loss of faith and credulity in the old political way and means has forced each politician to face up to his past performances and dealings and to develop new concepts of political practice—only Mr. Nice & Clean goes to Washington. The idea and advent of a *National Health Insurance Program* has been accepted by all. To be decided now are the lesser issues (altho to the physician and his patient—the most important) of how to make it work. Our current lawmakers and their hired advisors are huddling to develop the necessary rules and regulations of operation and for enforcement.

Herein lies a *period of grace* for physicians, which will extend until the New Year and the new Congress. With intelligent use of this time and that of our local representatives to the Congress, physicians and interested health service oriented professionals can make significant and purposeful suggestions as to how and why the National Health Insurance Program should be implemented. A person to person contact, physician to politician, will allow a careful presentation and meaningful rebuttal of and for our side in these issues. For example: segmental issues as catastrophic insurance, fee for service, physician/hospital renumeration, nationwide licensure, recertification of specialists and H.M.O.'s could be evaluated and discussed away from the glare of the media's "son et lumière". Histrionics must be avoided. We physicians, while held high in regard as individuals, are held in low regard as a group and especially as members of organized medicine. Therefore our effectiveness lies in an individual approach to our congresspersons. Compromise will be essential, with gradualism a must!

(over please)

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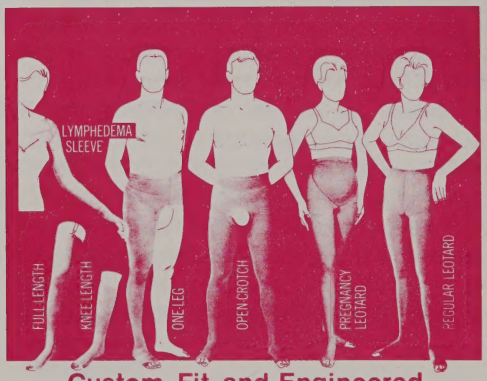
A rapid, deliberate restructuring of individual physician's and organized medicine's image and practices must be undertaken during this grace period. Open discussions with patients and with non-political community leaders will allow all sides and aspects of the issues of implementation to be understood. One physician can not compete with or outshine one senator, but 500 can and must! These three months will determine the fate of our practices and the future directions of American Medicine—still the best in the world. Our local and regional newspapers, radio stations and television outlets must also be approached, not with reams of prepared mimeographed documents but with dispassionate individual brief positional statements. Coordination by the Hampden District Medical Society would be advantageous but the society should remain in the wings with the physician alone on center stage. Organized national medicine viz. the AMA could participate through funding nationwide advertisements and television time to present the individual physician's viewpoint of how he believes he should care for his patients over the next decade. Appropriate side remarks or flashbacks could be made to illustrate what might happen with different guidelines to practice, if promulgated as the rules and regulations. The leaders and followers of organized labor also must be sought out and "argued with". At the moment their official position and that of organized medicine's seems to be far apart, yet both are striving toward the same goal— *The best medical care for all the population in the least expensive way, with regimentation for patient, physician and hospital at a minimum.* Thus grounds for compromise exist and should be explored quietly—perhaps in each other's homes. Two other issues (if taken in their extreme form) could eliminate the private sectors of health insurance and health care delivery; 1) The Blues et all could be dismantled, with their employees reassigned to work in the federal bureaucracy; 2) Monitoring

(cont.)



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agencies at three levels—local, state and national could restrict and harness the agencies, facilities and organizations now responsible for delivery of health care. This country is based upon competitive capitalistic enterprises and therefore these large segments of the total economy must not be blocked from or destroyed "for the common weal". If so, we will find our place immediately adjacent to the controlled socialistic societies. Perhaps in the next millenium, when physicians now starting to practice will be at their peak, such an approach will be necessary. It is not so now!

After these issues have been stettled, two other problems will remain, also to be decided during this period of grace. The first is the need to pursue *gradualism.* All issues should be promulgated by evolutionary processes, with safety clauses allowing back tracking or retracking, if experience reveals unusual difficulties or problems. Great leaps forward may work in controlled economies and societies but would prove to be too disruptive in America's free society. The second problem is the need to prevent an explosive, inflationary rise in physicians', hospitals' and other health care agencies' incomes and profit margins. One need only look back to the advent of Medicare and the financial problems it spawned. Utilization review by neutral users is an established fact, we should also have a parallel economic review team to allow income increases commensurate with increased work loads and productivity—no rigid all embracing single formula. For if the public and the Congress feel that physicians or hospitals are making too much—that their profit margin is too high, then the physician will become salaried and the hospital will become part of a state controlled institutional system. Another sidestep closer to the left.

I suspect that most of us physicians are pretty well drained of adrenalin from this Summer's vacation, Watergate and stock market decline. The fight or flight reaction has petered out to one of alight and sit tight. Our gut reactions are probably "just let me alone to continue my practice my way" or "although I am concerned, I do not care enough now to want to do anything". Yet this period of grace is the only time we have left to make our wishes (through our influence) known. For when the new Congress convenes, it will be too late. Our representatives' minds and reactions will be firm and unchangeable; they will be secure for two years. Through our organizations, we must plan our campaigns, enjoin the politicians and assist in the planning of the new frontiers in medicine, which will ensue with the National Health Insurance Program of 1975.

W. E. Stevens, M.D.
Editor-in-Chief

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August's drought,
But September's autumnal tints are not
yet visible.
The sun is now rising later and setting
earlier,
Its glare and heat—now much less in-
tense.
Morning mists hazily rise above ponds
and streams,
Evening sunsets are reddened thru a
denser atmosphere.
The clouds are faster moving across
the sky,
With newer shapes and forms and
pastelle hues.

The evening insects' call are more in-
sistent,
Timed and tuned to temperature and
by season.
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in the early asters
Often partaking of ripening fruit, soon
to hive or to die.

Young birds and animals are all feath-
ered and furred out,
Preparing for southern flight or north-
ern inactivity.
The frogs no longer chirp or grunt in
their puddles,
The turtles paddle more sluggishly and
sun themselves longer.

Circling birds gather in ever larger
numbers,
While rodents gather and store Na-
ture's abundance.
The grapes draped over bush and
fence are sweet to taste,
The apples still sour, their sugar not
yet converted.
The sounds and smells of ripening
things are still of late Summer,
Wood fires and burning leaves—
sounds,
Wine and cider are smells yet to come.

All nature is atuned to the new tilt of
Earth and Sun,
Summer is awaning. . . .

W.E.S. 8/74

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But there must be a better way.
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May make, Relax! for who will know
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By just one teeny, weeny day.
With ulcers in the duodenum,
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When wintry winds have had their fling
If swallows follow in the Spring.

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